



COMMISSION
"United For a Better Community"

CITY OF DECATUR, ILLINOIS

#1 GARY K. ANDERSON PLAZA, DECATUR, ILLINOIS 62523-1196

YOU MAY FILE A CHARGE FOR EMPLOYMENT DISCRIMINATION

You have contacted the Decatur Human Relations Commission to seek help concerning discrimination in employment. We will ask you many questions about what happened to you and about how others were treated, and we will ask you about dates, the size of the organization with which you had trouble, and other matters. What you tell us is **IMPORTANT**.

First, we will have to establish whether we believe that the law permits us to work on your problem; that is, we must try to find out whether we have **JURISDICTION** under the law. Second, we must learn from your facts which will be useful in our investigation.

If it happens that what you tell us leads us to believe that we cannot help you, because we do not have **JURISDICTION**, we will explain that to you and tell you why. If it happens that what you tell us leads us to believe that there is only a very slight chance that we will be able to help you or that it is unlikely that the organization which you wish to charge has violated the law, we will explain that to you and tell you why.

However, if it should happen that we counsel you that we do not believe that we have jurisdiction or that it appears unlikely that we can help you or that the organization has violated the law, based on what you tell us, **YOU MAY, NONETHELESS, FILE A CHARGE WITH US**. That is **YOUR** decision to make. It is possible that your filing a charge will result in it being dismissed, because we do not have jurisdiction, or because it is determined that the law has not been violated. Even if we counsel you that we do not have jurisdiction, or that it appears that we will not be able to help you, or that it appears that the law has not been violated, **YOU MAY FILE A CHARGE**.

I have read "**YOU MAY FILE A CHARGE**."

Printed Name

Signature

Date

NOTE

- If additional paper is used, please indicate the number of the question you are answering.
- The law requires that a charge be filed within **180** days from the date of the alleged discrimination. If you are returning this form by mail, make sure that this form is postmarked no later than the **180th** day from the date this action was taken against you.
- Our jurisdictions are listed in Item 9. Any other category cannot be investigated.
- If your claim is accepted by the Commission as a charge, it will be typed on the Charge of Discrimination form and returned to you for your signature and notarization.
- **DO NOT SIGN THE LAST PAGE OF THIS PACKET UNLESS IT IS WITNESSED AND SIGNED BY A NOTARY PUBLIC.**

Before completing this form, please read Page 2.

PLEASE PRINT

Today's Date: _____

1A. Your information:

(Mr./Ms./Mrs.) _____ Date of Birth: _____

Address _____ Age: _____

City _____ State _____ Zip Code _____

Phone Number (include area code) _____

1B. The name of a person who is able to contact you in the event this office is unable to locate you to discuss this complaint, other than the person(s) with whom you live.

Contact information:

(Mr./Ms./Mrs.) _____

Address _____

City _____ State _____ Zip Code _____

Phone Number (include area code) _____

2. Who discriminated against you (Respondent)? Give the name of the institution, company, agency, etc., (employer, union or employment agency).

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone Number (include area code) _____

3. Type of institution, company, agency, etc., that discriminated against you:

A. _____ Private Company

D. Government Agency (specify)

B. _____ Union

_____ Federal _____ State

C. _____ Employment Agency

_____ County _____ City

4. Does the institution, company, agency, etc., have one or more employees in the City of Decatur?

____ Yes

____ No

5. Are you now employed by the institution, company, agency, etc., named in Question 2?

____ Yes

____ No

If you have been employed by the institution, company, agency, etc., noted in Question 2, provide the following information:

Job Title _____

Date Hired _____

Were you on probation? ____ Yes ____ No

Present or last salary \$ _____ per _____

Department _____ Supervisor _____

6. Please describe the action taken against you:

____ Terminated

____ Not Hired

____ Demoted

____ Laid Off

____ Not Promoted

____ Unequal Wages

____ Not Recalled

____ Transferred

____ Other (specify)

Specifics _____

7. What was the date of the action taken against you? _____

8. What was the reason given by the employer for the action taken against you:

9. The Human Relations Commission can only investigate those situations described below. By law, any other category cannot be investigated. Please check the applicable category (or categories). Fill in the blank with your race, sex, religion ... only if that category is the basis for the discrimination against you. Answer this question only if the action taken against you was discriminatory because of one of the following reasons:

I believe that I have been discriminated against because of:

- | | |
|-------------------------------------|--|
| 1) ____ My race _____ | 9) ____ A physical disability not related to job ability _____ |
| 2) ____ My sex _____ | |
| 3) ____ My religion _____ | 10) ____ A mental disability not related to job ability _____ |
| 4) ____ My national origin _____ | |
| 5) ____ My sexual orientation _____ | 11) ____ A less than favorable military discharge _____ |
| 6) ____ My age _____ | 12) ____ An arrest/conviction record _____ |
| 7) ____ My marital status: | 13) ____ Having filed a charge of discrimination _____ |
| a) ____ Single | |
| b) ____ Married | 14) ____ Having assisted in an investigation of a discrimination charge _____ |
| c) ____ Divorced | |
| d) ____ Widowed | 15) ____ Having openly opposed a practice prohibited by the Human Rights Act (Nos. 1-12) _____ |
| e) ____ Separated | |
| 8) ____ Sexual harassment | 16) ____ Aid, abet, compel or coerce a person to commit unlawful discrimination _____ |
| | 17) ____ Other _____ |

10. Please explain your reasons for feeling discriminated against. Tell us, if you know, how others in your situation were treated.

11. Do you have any witnesses to support your claim of discrimination?

____ Yes

____ No

If yes, state the names, phone numbers and addresses:

a) Name _____ Phone No. _____

Address _____

b) Name _____ Phone No. _____

Address _____

c) Name _____ Phone No. _____

Address _____

d) Name _____ Phone No. _____

Address _____

12. Do you have any documents to support your claim of discrimination?

____ Yes

____ No

13. Have you tried to resolve your situation through an internal grievance procedure?

____ Yes

____ No

If your answer is yes, briefly describe your actions and the results thus far:

If you were (are) a union member, give the name of your union and representative or steward:

14. Have you filed a previous charge against this employer with the Commission?

____ Yes

____ No

15. Have you filed a charge regarding this situation with the Illinois Department of Human Rights or the Equal Employment Opportunity Commission?

____ Yes (when _____)

____ No

16. If you wrote retaliation as a basis of discrimination, state how you opposed unlawful discrimination (i.e., testified at a discrimination hearing, filed a prior discrimination claim, or complained about unlawful discrimination). Include dates, charge numbers, and/or the name and title of the person to whom you complained.

17. PERSONAL DATA

We would like to have some information for statistical purposes. Please provide the following information (not required):

Date of Birth: _____ Sex: _____

Education: ___ Grade School ___ High School
 ___ College ___ Graduate Work
 ___ Trade School ___ Degrees or Certificate Earned

Please indicate from the list below national origin(s) or ancestry with which you most strongly identify: (please circle)

P = Puerto Rican	S = Philippines	C = Greece
M = Mexican	U = U.S.A.	Y = Italy
H = Other Hispanic	N = India	B = Korea
O = Poland	K = Pakistan	V = Vietnam
E = Other Eastern Europe	R = Liberia	J = Japan
I = Ireland	T = Haiti	Z = Other
W = Other East Asia	F = Other African/Non-Arab	

17. Please specify how you learned of or who referred you to our office. This information will be used to enable us to better serve the public.

SIGNATURE OF COMPLAINANT

I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge.

Complainant's Signature

Month Day Year

NOTARY (when necessary for state and local requirements)

Subscribed and sworn to before me this date:

NOTARY PUBLIC SEAL